

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042512

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

FILED NOV 29 1962

Primary Registration District No. 1002

Registrar's No.

5778

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. Y. Eubank

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Odessa	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospt.		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First George Middle CHARLES Last Buck		4. DATE OF DEATH Month November Day 15 , Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-21-62
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 62
11a. FATHER'S NAME Fred E. Buck		11b. MOTHER'S MAIDEN NAME Anna Mehle	11. BIRTHPLACE (City and state or country) St. Paul, Minn.
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No.		12b. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY U.S.
13. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Perforated Small intestine DUE TO (c)		14. NAME OF HUSBAND OR WIFE Betty Buck	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		15. ADDRESS Mrs. Betty Buck, Odessa, Mo.	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from JUNE 1962 to 11-15-62 and last saw him live on 11-15-62 Death occurred at 12:00 PM (NOON) m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE W. Y. Eubank M.D. (Degree or title)	
22b. ADDRESS 6800 Prospect KC Mo		22c. DATE SIGNED 11-16-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Nov. 15, 1962	
23c. NAME OF CEMETERY OR CREMATORY Odessa, Cemetery		23d. LOCATION (City, town, or county) (State) Odessa, Mo.	
24. FUNERAL DIRECTOR Husman-Sparks, ADDRESS Odessa, Mo.		25. DATE RECD. BY LOCAL REG. 11-16-62	
26. REGISTRAR'S SIGNATURE Ruth Long			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Living H. Korman

Licensed Embalmer No. 7541

P. O. Address

Ocean View

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.